bmit 3 Copies
Appropriate
strict Office

STRICT I
O. Box 1980, Hobbs, NM 88240

STRICT II
O. Drawer DD, Artesia, NM 88210

STRICT III
00 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals, and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO.
30-021-200990

5. Indicate Type of Lease
STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name
BRAVO DOME CO2 GAS UNIT

Type of Well
OIL WELL ☐ GAS WELL ☐ OTHER CO2

8. Well No.
2031-361G

Name of Operator
OXY USA Inc.

Address of Operator
P.O. Box 303, AMISTAD, NEW MEXICO 88410

9. Pool name or Wildcat
BRAVO DOME CO2 GAS UNIT

Well Location
Unit Letter G : 1980 Feet From The NORTH Line and 1980 Feet From The EAST Line
Section 36 Township 20N Range 31E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4616 GR

I. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
ERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
EMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
ULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
THER:	☐			OTHER: Yearly Bradenhead Test (TA Well)			X

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work; SEE RULE 1103.

YEAR	MONTH/DAY	TBG. PRESS.	CSG. PRESS.	BLEED DOWN TIME
1990	6/29	470#	0	
1991	6/19	470#	0	
1992	6/17	460#	0	
1993	5/27	460#	0	
1994	6/2	460#	0	
1995	6/30	460#	0	
1996	5/24	460#	0	
1997	7/8	460#	0	
1998	8/27	460#	0	
1999	6/22	460#	0	
2000	8/10	460#	0	
2001	1/10	460#	0	
2002	6/19	460#	0	

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

IGNATURE M. L. Clay TITLE Well Analyst DATE 6/20/02

YPE OR PRINT NAME M. L. CLAY TELEPHONE NO. (505) 374-3058

This space for State Use)
APPROVED BY Ray E Johnson TITLE DISTRICT SUPERVISOR DATE 6/27/02
CONDITIONS OF APPROVAL, IF ANY: